DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

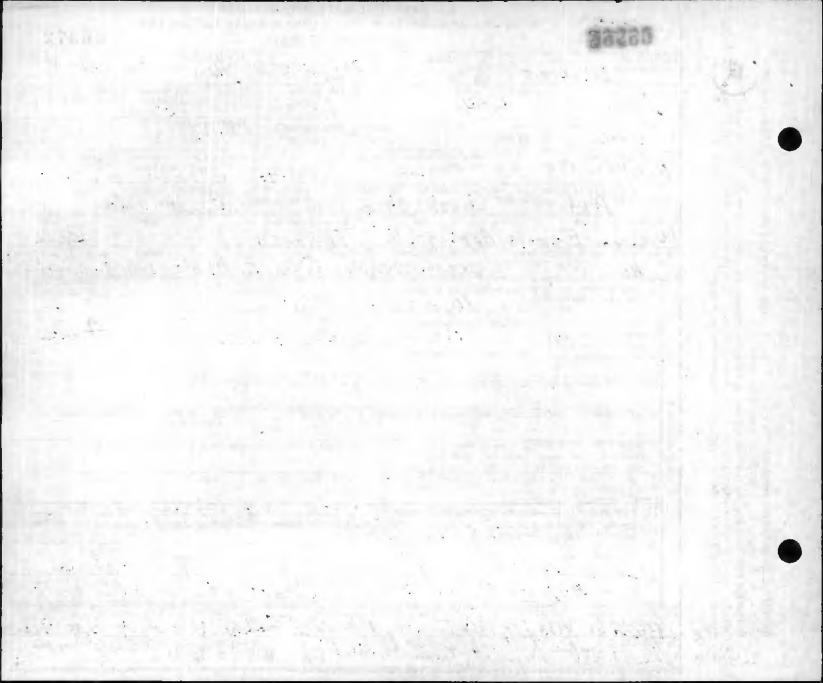
06972 CERTIFICATE OF DEATH

	CEASED-NAME First (VILLIAM)	R Middle	APPLE	SAR7H 20.	DAJE OF DEATH Month 4	Looy 10 Gent	, 2b. HOUR
3. SE	*Male. 4. RA	white.	5. DATE OF	BIRTH lauch 1960	6. AGE (In year last birthogy)	rs IF UNDER 1 YEAR MONTHS OAYS	HOURS MIN.
	SIRTHPLACE (State or foreign 7b, CITI.	1 \ /	MARRIED TEVER M. WIDOWED DIV		HARLES		Md.
10. 6	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT give street oddress)	UTION (If nat in hospital		UPATION (Kind of work working life, eyen if reti	ired.) INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where deceased lived, issian) STATE 13b.	if institution: Residence before 13 COUNTY Chayles	Lughes vi U	13d. INSIDE CITY LIMITS? YES NO	Dasstlore		
U	Villiam Franci		1 The	walden name First	Mid	13.	e CC
	was deceased ever in U.S. ARMED FORCEs, no. fr.dinknown) (If yes give wer or doles to		SAMUS. (Inia E.	Applega	rth, Hugh	esoillem
	18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSI	11.	lid words	uch-	/ / /	BETWEEN O	DINSET AND DEATH
	Conditions, if any, which gave	(b) C ZCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	arter	r dish	use.	44	aus.
	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE OR CONDITI	ION GIVEN IN PART 1(o)		
CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION	ON FOR WHICH OPERATION WAS PERFO	DRMED 20a. AU		20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN C	ERTIFYING
MEDICAL CER		Ib. TIME OF INJURY OUR A.M. Month Day Year P.M. 19	21c. HOW INJURY C	CCURRED (Enter natur	re of injury in Port 1 or P	art 2, Item 18.)	
M	While Not while at work	F INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			City or Tawn	County	State
	22a. I certify that (1) (this hosp saw the deceased alive an causes stated abave, (1) (v	ve) (did) (did nat) view the ba	and that in (my) (our) apinian	death accurred on t	e, 19 <u>68</u> , that the date and havr	and fram the
	22d. PHYSICIAN'S NAME (Type) ADTHU	RO. WOODS	DEGREE ATTENI	DING MED. DIRECTO		5 May (68 MD.
	BURIAL, (REMATION, 236. DATE REMOVAL (Specify) May		METERY OR CREMATORY	23d.	. LOCATION (City or Town	(County)	(State)
Zq.	ENDERAL DIRECTOR HER	earl Home (Waller & M	DATE MAY	9 1968 %	Maries	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the duoth certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72 hadrs after Page 4 may be retained by the haspital or attending physician.

after

VR A15 (4) 30M REV. 1/68



		CERTIFICA	TE OF DEATH			16	973
1.1	First Middle Middle		nnister	20. DATE O	Month D	y Yeor	2b. HOUR
3. 3 Ex	4. RACE negro	5.	DATE OF BIRTH	1914	6. AGE (In years last burthday)	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
male 70. BIRTHPLACE (Stote or foreign country) Nanjemoy			NEVER MARRIED DIVORCED	9, COUNTY O			Mo
IO, CITY OR TOWN OF DEATH La Plata	11. NAME OF HOSPITAL give street oddress)	LOR INSTITUTION (If not i	n hospital 120. USL during n	None LIMITS? 13e. 5	Y (Kind of work done g life, even if retired.) TREET AND NUMBER		BUSINESS OR
Marylar 14. FATHER'S NAME First	Middle Middle	Lost 1S. N	OTHER'S MAIDEN NAME	First Sarah	Middle	Hen	lost SON
18. CAUSE OF DEATH (Ent	give war or dates of service) Note that the service of service of the service of	lone M	C. W. A.	Haisli	p - Riv		, Md . MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS C. IMI 5 4 0 Conditions, if ony, which g nise to immediate couse stating the underlying colost.	DUE TO, OR AS A CONSEQUENCE (b)	(Stund)	appen	liats		Also	at (we
£ £ 13 1	CONDITIONS CONTRIBUTING TO DEATH						
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	YES NO	CALICA	F YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN C	ERTIFYING
210. ACCIDENT WAS UNDE CONTRIBUTING CAUSED (If either, notify medical e 21d. INJURY OCCURRED While Not while of work	FOEATH HOUR A.M. Month Day	Yeor 19 TREET, FACTORY, 1 21f 10CA	INJURY OCCURRED (Ent		ury in Port 1 or Port 2	(county	Stote
22a. I certify that (I)	(this hospital) attended the dead alive on the dead alive on the dead of the d	19 (a. V. ond t	het in (my) (our) op oth.	pinion death	occurred on the	9_67 , that dote and hour	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours Page 4 may be retained by the hospital or attending physicion.

DEGREE

236. DATE 5/23/1968

22e. ADDRESS NAME OF CEMETERY OR CREMATORY

Grove

ATTENDING PHYS.

Cemetery

23d. LOCATION (City or Town)

STAFF PHYS.

MED. DIRECTOR

(Stote) (County) Maryland

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAS (Sperify) 24. FUNERAL DIRECTOR

ADDRESS

Oak

Grayton 1968 Sb. REGISTRAR'S SIGNATURE REC'D BY

226 SIGNATURE

22d.

PHYSICIAN'S

NAME (Type)

Funeral Home, Inc .- La Plata, Md. DATE

C VSAN AV 15-1946 DA RE tel report medicinal and south to

1201

5. DATE OF BIRTH

18974

Year

IF LINDER 1 YEAR

Month

2b. HOUR

HE UNDER 24 HRS.

HOURS

	DIVISION OF	VITAL RECORDS, 30	STATE DEPARTMENT 1 W. PRESTON STREET, RTIFICATE OF DEA	BALTIMORE, MARYLAND 2
First		Middle	Last	2o. DATE OF DEATH

tunerall and 2 deoth. esi physician and completely filled please remove corbon and in ony event, or removal, signed by the attending phy buriol-transit permit. Then buriol, cremotion, prior to l the O FUNERAL DIRECTOR: After this certificate has been 00 be retained by the hospital or for should be detoched , poge 3 be filed v Roge 4 may director,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth

O HOSPITAL

1. DECEASED-NAME

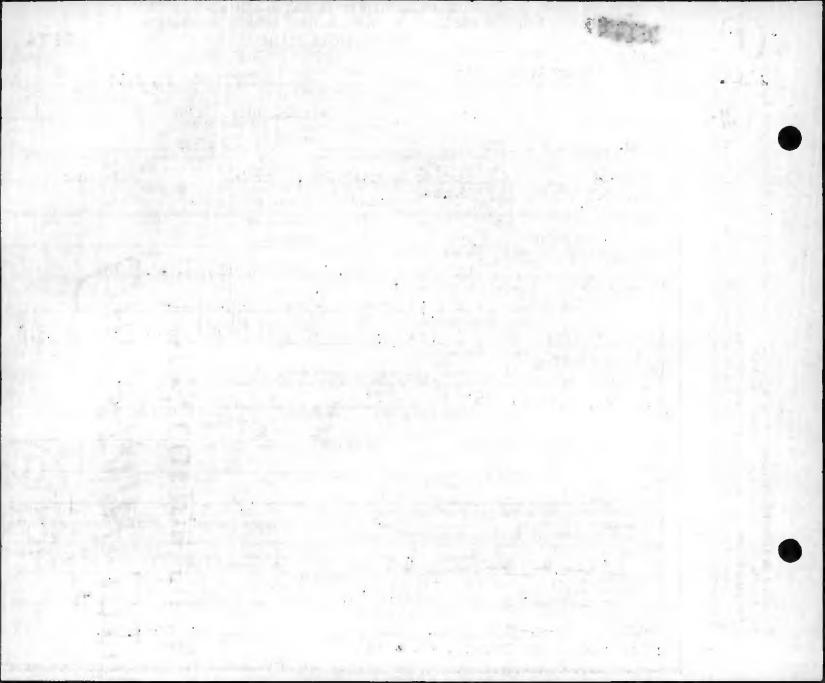
3. SEX

(Type or print)

Henry Arthur Bean

4. RACE

6. AGE (In years last birthday) White Male July 25 7b. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [Charles 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY La Plata Physicians Memorial Hosp Farming Tobacco 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Waldorf YES IX NO . Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last First Middle Last John Bean Unknown 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war at dates of service) Yes, no, ar unknown) Unknown Mrs. Agnes Bean Waldorf Md. 2060 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEARH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART WHEE FINDINGS CONSIDERED IN CERTIFYING On DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF 1ES CAUSES OF DEATH? YES 🗀 NO P 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Town County While Not while at work DEFICE BUILDING, ETC. 22a. I certify that (I) (this haspital) attended the deceased from: 19 and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an cause stated above, (1) (vie) (did) (did not) view the bady after death 22V. SIGNAJURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYS. 22d PHYSICIAN 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (County) (State) BREMOVAL (Specify) Pauls Waldorf Charles Md.
REGISTRAR 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Home Waldorf. VR A15 (4) 30M REV. 1/68 Charles



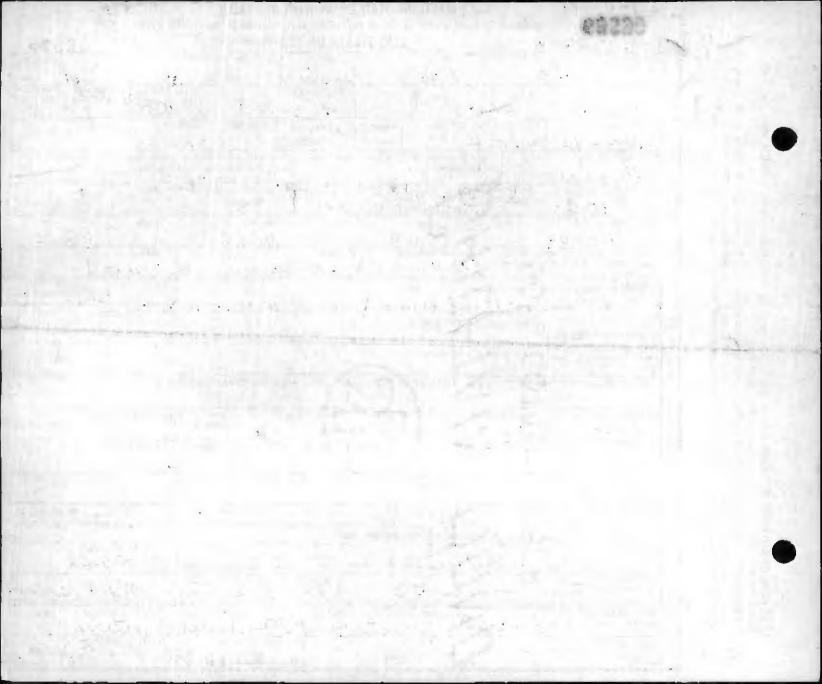
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hayrs after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 30M REV_ 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

//SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

The middle of the principle of the princ	J		and the state of the	AISION OF ALIVE KECOKDS			MORE, MARTLAND 21201		
City or opinity	1			/ D/ OUMIL	CERTIFIC	AIE OF DEATH		06975	9
R. SEX A. RACE S. DATE OF BIRTH B. AGE (In years BOWER OF PROBE) BOWER DATE IF WERE VERY IF WERE	J			Middle		n Last			DUR
To SIRIPHACE (State or fareign 70 CHIZEN OF GAPAT COUNTRY S. MARRIED DIVORCED C.		1,	WILLE	MAE	1	SROWN	5 9	1968 10	
To SIRIPHACE (State or fareign 70 CHIZEN OF GAPAT COUNTRY S. MARRIED DIVORCED C.	1	3. SE	(4	1. RACE		5. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24	
To SIRIPHACE (State or fareign 70 CHIZEN OF GAPAT COUNTRY S. MARRIED DIVORCED C.	ł		Female	NeyRo		9-3-2	3 4/5/YRS.	MONTHS ON S HOURS	avig.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSYTAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Ind of work dam) 121. KIND OF BUSINESS OR during most of working life, even it retired. 180 USTRY 180 USTR	ľ				8. MARRIED	NEVER MARRIED			
11. NAME OF ROSPITALOR INSTITUTION (If not in hospital give stere address) give stere address give give address give give give give give give give give	ı	canu	WEST VA	U.S.A.			CharlES		Md
Table Tabl	ľ	10. C	TY OR TOWN OF DEATH		ISTITUTION (If n	at in haspital 120. USUA		12b, KIND OF BUSINESS O	
13a. USUAR RESIDENCE (Where decosed lived, of institution: Residence before indication) 13b. COUNTY 13b. COUNTY 13b. STREET AND NUMBER 1	1		0,60 N	give street address)				INDUSTRY	
14 FATHER'S NAME First Middle Lost	t	13a.		ived institution: Residence before	13c. CITY OR				
14. FATHER'S NAME First Middle Lost State	ı	admi	sion) STATE (135 COUNTY Charactes	RI	SCON YES NO	Q		
160. WAS DECASSE PIER IN U.S. ARMED FORCES? Yes, no. or unknown) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), and (c).) 18. (AUSE OF DRATH [Enter only one couse per line for (a), and (c).) 19. (Conditions, if ony, which gove make to immediate cause (a)) 19. (Conditions, if ony, which gove make to immediate cause (a)) 19. (AUSE) OF DRATH [Enter only one couse per line for (a), and (a	1	14. F	ATHER'S NAME First		119		rst Middle	last	
156. WAS DECEASED FUR IN U.S. ARMED FORCES? Yes, no, or unknown) 18. (AUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OBJECT OF AS A CONSEQUENCE OF OBJECT OF AS A CONSEQUENCE OF OBJECT OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. CONTRIBUTING TO LANGE OF DAAN 190. CONTRIBUTING CAUSE OF DAAN 190. CONTRIBUTING TO LANGE OF	ı		. 1			A .	. /	A . 1	
Yes, no, or unknown Cityse give woor deads of services 236-40-2338 War, C. BRO W.N. Conditions of any, which gove inse to immediate cause (a). Storting the underlying cause (a). Storting the underlying cause (b). Storting the underlying cause (b). Storting the underlying cause (c). Storting cause (c). Storti	ı	160				- V		117/22	_
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONDITION for which gave iss to immediate cause (a). Stoting the underlying cause lost. 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. DATE OF OPERATION 210. DATE OF OPER	ı	Y	es, no, ar unknown) (If yes give wor or d	dates of service) 926-402	338 V	1 - 0	0 -	med	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINE OF CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONSIDERED OF CONDITION STORY IN THE PART I (a) DUE TO, OR AS A CONSEQUENCE OF (b). Stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 190. DATE OF OPERATION 196. CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 197. DATE OF OPERATION 196. CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 197. DATE OF OPERATION 196. CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 208. LIVEN TWO COLUMNS OF THE PART I (a) THE	ı		$-\lambda t_0$	970 20	- JO Y	4/01.	an drack	APPROXIMATE INTERVAL	
DUE TO, OR AS A CONSEQUENCE OF	1							BETWEEN ONSET AND DEA	TH
Conditions, if any, which gave is to immediate cause (a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 2187 TIME OF INJURY 25. 211. ACCIDENT WAS UNDERLYING 2187 TIME OF INJURY 210. HOUR A.M. Month Day Year 10 or Port 2, 11 or Port 1 or Port 2, 11 them 18.) 190. OR CONTRIBUTING 200. STAFF 197. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 198. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR A.M. Month Day Year 199. 21d. INJURY OCCURRED WAS UNDERLYING 198. HOUR INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18.) 22d. HUR OF CEMETER V. OR CREMATORY 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 199. 22d. PHYSICIANS A.M. (Injury 199. HOUR A.M. STEEL FACTORY) 1	ı			CAUSE (0) CARCINO	ma C	ervix, ine	ta Static		
Stating the underlying cause lost of the underlying cause lost of the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. AUTOPSY? 220. HEATH 18. 220. If PATS IN THE 18. 221. HOW INJURY OCCURRED IN DATE 18. 222. AUTOPSY? 223. AUTOPSY? 224. AUTOPSY? 225. AUTOPSY. 226. AUTOPSY. 226. AUTOPSY. 227. DATE SIGNED 228. AUTOPSY. 229. ADDRESS 229. ADDRESS 220. REGISTRAR 220. AUTOPSY. 220. AUTOPSY? 220. If PATS IN THE 18. 220. AUTOPSY. 221. HOW INJURY OCCURRED IN IN PART 1(a) 222. ADDRESS 223. REGISTRAR 224. PUREAL DIRECTOR 225. REGISTRAR 226. AUTOPSY. 226. ADDRESS 227. AUTOPSY. 228. ADDRESS 229. ADDRESS 220. REGISTRAR 220. AUTOPSY. 220.	1		/ 5 9 A	DUE TO, OR AS A CONSEQUENCE OF	F				
Stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF DATE OF OPERATION 19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 45 S 21a. ACCIDENT WAS UNDERLYING 21b TIMEOF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 19 S 21a. INJURY OCCURRED 21c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19 S 21a. MINURY OCCURRED 21c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19 S 21a. MINURY OCCURRED 21c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19 S 21a. ACCIDENT WAS UNDERLYING 21b TIMEOF INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19 S 21a. ACCIDENT WAS UNDERLYING 21b TIMEOF INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19 S 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Poft 2, Item 18.) 21a. MINURY OCCURRED 21c. HOW INJURY	1			(b)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 3. Y-LS 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UND	1		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	F				
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 2.5	1		*mm-						
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while of work of work of work 220. I certify that (i) (this hospital) ottended the deceased from 1906, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Frank A. Jessen 77. D. DIRECTOR PHYS. STAFF 27c. DATE SIGNED 27	1		PART 2. OTHER SIGNIFICANT CONDITIO	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while of work of work of work 220. I certify that (i) (this hospital) ottended the deceased from 1906, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Frank A. Jessen 77. D. DIRECTOR PHYS. STAFF 27c. DATE SIGNED 27	1	NO.	17/ X						
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while of work of work of work 220. I certify that (i) (this hospital) ottended the deceased from 1906, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Frank A. Jessen 77. D. DIRECTOR PHYS. STAFF 27c. DATE SIGNED 27		CATI		-	ERFORMED				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State William Not while of work of work of work 220. I certify that (i) (this hospital) ottended the deceased from 1906, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Fronk A. Seson 77. D. 22e. ADDRESS 22e. ADDRESS 22d. NAME OF CEMETERY OR CREMATORY 23d (IOCATION (City or Town) (County) (State) County 23d. REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE 25d. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE 25d. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE 25d. REGISTRAR'S SIG		RTIF	120				7		
While work of Not while at work of Not while at work of Not while at work of Not work of N					21c. H	OW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)	
While work of Not while at work of Not while at work of Not while at work of Not work of N	ı	DIG	(If either, natify medical examiner)	P.M.	19				
at work at work 220. I certify that (i) (this hospital) attended the deceased from 23, 1960, to 57, 1961, that (i) (we) lost saw the deceased alive an 1960, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Fronk A. Sesan 37. D. 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 23d. NAME OF CEMETERY OR CREMATORY 23d. OCCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 25d. REGISTRAR; SIGNATURE) 24. FUNERAL DIRECTOR 25d. REGISTRAR; SIGNATURE)	1	W	21d. INJURY OCCURRED 21e. PLAC	CE OF INJURY (AT HOME, FARM, STREET, F	ACTORY.) 21f. LO	CATION Street or R.F.D. No.	City or Town	County Sta	ite
220. I certify that (i) (this hospital) attended the deceased from 1965, no 1965, to 57, 1965, that (l) (we) lost saw the deceased alive an 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (l) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. DOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE) 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE)			at work at work			11 - 1		11	
Causes stoted above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Fronk A. Susan O. D. 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR ADDRESS 25a. RECO BY REGISTRAR: SIGNATURE)			220. I certify that (I) (this h	nospital) ottended the decea	sed from	2/25,196	0,10 5/9,19	6 / , that (I) (we)) lost
22b. SIGNATURE 22c. DATE SIGNED 22c. ADDRESS 22c. DATE SIGNED 22c. DATE	1		saw the deceased alive	on	19 <u>0</u> , on	thát in (my) (our) opir	nion death of curred on the d	ate ond hour ond from	n the
22d. PHYSICIAN'S NAME (Type) Fronk A. Sesan 37. D. 22e. ADDRESS 23d. BURIAL, CREMATION, REMOVAL (Specify) 5-12-68 23d. NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR ADDRESS 25d. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE)	1) (we) (ala) (ala nar) view ine	bady after	Jeuin.	22.	DATE CICHED	
22d. PHYSICIAN'S NAME (Type) Fronk A. Sesan 37. D 22e. ADDRESS 22e. ADDRESS 22t. 1 Box 50 Indian Hold. 31/2 20640. 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 25d. REGISTRAR; SIGNATURE OR ADDRESS			220. SIGNATURE	a A Ansa. Ta	A DECE	ATTENDING M	FD CTAFF		
NAME (Type) Frank A. Jesan J. D. 21. Box 50 Indian Hosd. Old 20640. 230. BURIAL, CREMATION, REMOVAL (Specify) 5-12-68 Charlston west Ve Church Computery 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR; SIGNATURES O	۱		204 DHACILIANIZ	7 A Commando	1 DEGI		KECTUR - PHTS	7 68	
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STORY County) (Stote) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR: SIGNATURE)	1			- A. Jeson OT.	0	27.1 Bo	50 Infrom He.	d. 8242064	20
REMOVAL (Specify) 5-12-68 Charlston west to Church Comotorie 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRARS, SIGNATURE)		00-							
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRARS, SIGNATURE		230.	REMOVAL (Specify)	-12-68 0	CEMETER OR	CREMATURI ATTO	CLACO CO	(County) (Store)	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		24	FLINERAL DIRECTOR	Annoes	resier	Sea BELLU BA	PEGISTRAR 25h PEGISTRAD	SIGNATURE -	
		.7.		FUNERAL HO	ME		1000 197	harley Judge	t



1. DECEASED-NAME death. law requires that the dasth certificate be executed within 24 hours after death by the funeral ... Pages 1 and (Type or print) within 72 hours after 3. SEX (State or foreign papers. physician and campletely whied TO CITY OR TOWN OF DEATH event, please remave car and in any FATHER'S NAME First Yes, no, or unknown) ar removal, ne permit. crematian, burial-transit signed by physician.

burial,

priar ta as the

P

detached Dept.

shauld

State

filed

director, Should b

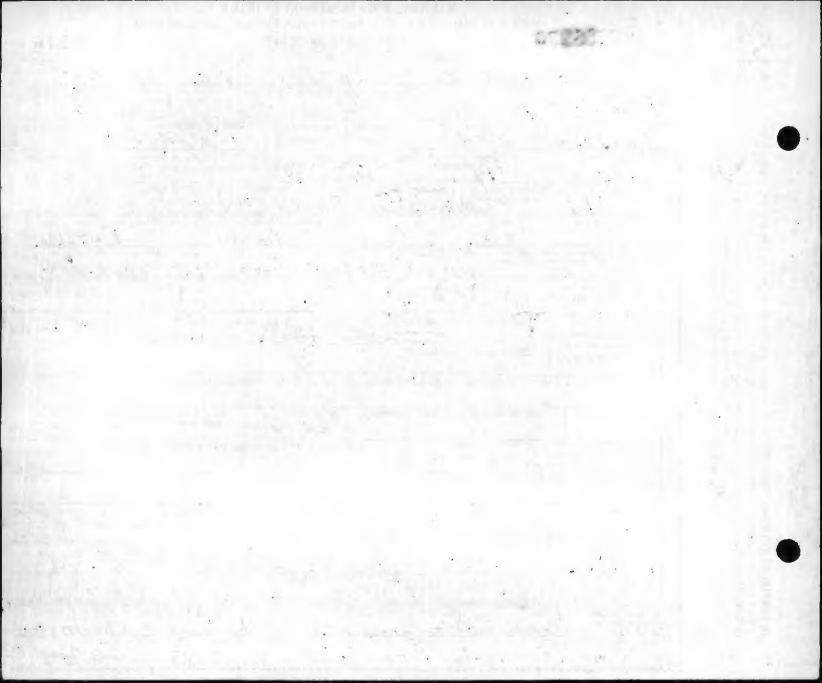
VR 30M REV

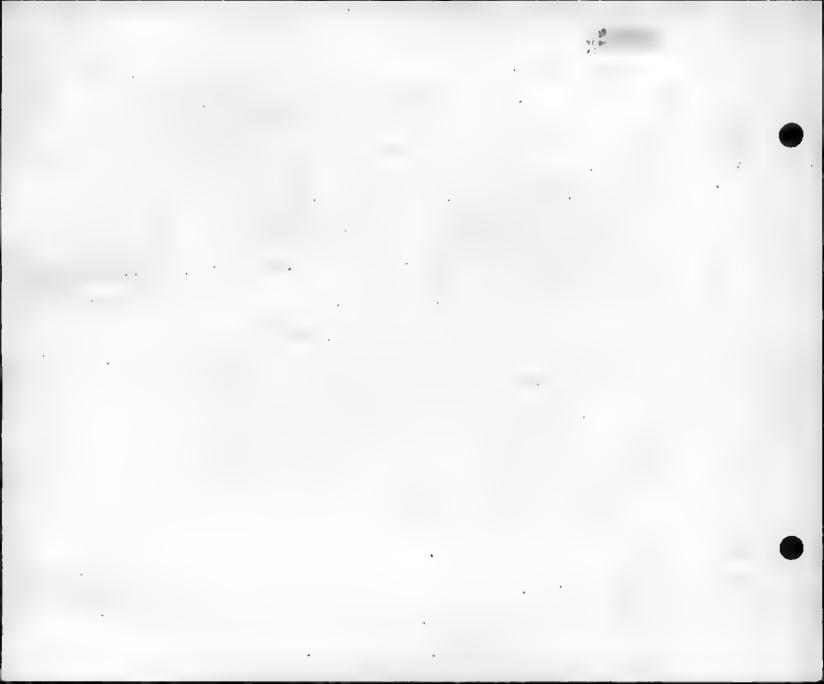
O FUNERAL DIRECTOR: After this certificate has been

be retained by the hospital or

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 56976 First Middle 20. DATE OF DEATH 2b. HOUR Last AGE (In years last birthday) IF UNDER 24 HRS. 4. RACE DATE OF BIRTH MONTHS DAYS HOURS VEGROID YRS. 9. COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NÉVER MARRIED WIDOWED DIVORCED [12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OF street oddress}during most of working life, even if retired.) INDUSTRY _ VSICIAN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c. CUY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle YOO. WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give wor or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), ond BETWEEN DASET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES P NO | ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED Street or R.F.D. No. Stote City or Town County OFFICE BUILDING, ETC. While Not while of work at work 22a. I certify that (1) (this hospital) attended the deceased from and that ih (my) (our) opinion death occurred on the date and hour and fram the saw the deceased alive on causes, stated above, (1) (we) (did) (did not) view the body ofter death 228. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF DEGREE DIRECTOR PHYS. -PHYSICIAN 22e. ADDRESS NAME (Type) 23b. 23c. LOCATION (City or Town) (Stote) BURIAL CREMATION (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



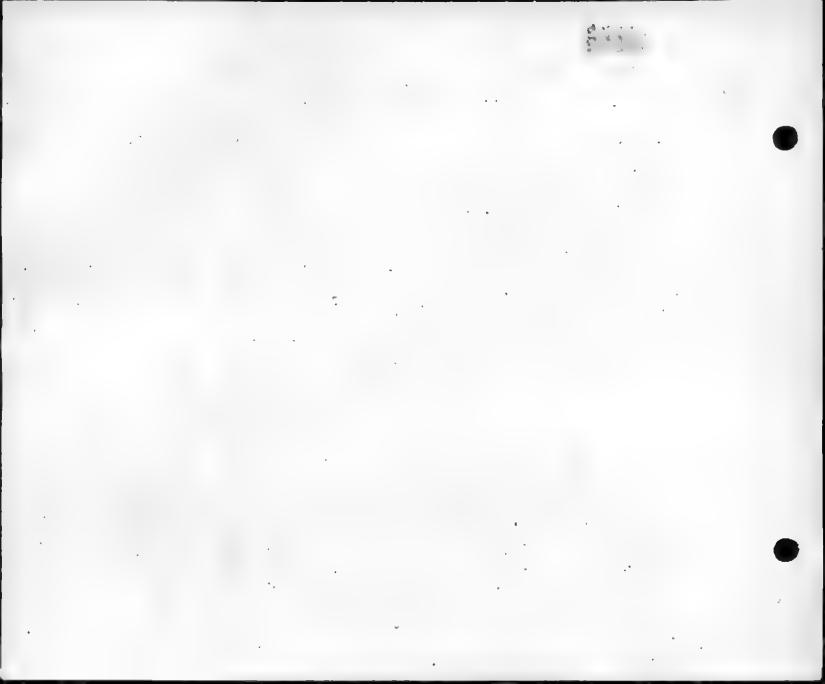


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J6378 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE OF DEATH 2b. HOUR mapiles that the death certificate be executed within 24 hours after death. (Type or True) Coates 5-1-680nth SEX Female 4 RACE 5. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years 2-12-1889 lost birthdoy) HOURS Negro pllysician and completely filled in by the 7a. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH USA KNH1+68 Charles WIDOWED for DIVORCED [Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY the attending pllysician and carbon the namit. Then please remaye carbon Rison None signed by the attending pllysician and committee burial-transit permit. Then please remave carb burial, crematian, ar remaval, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryaand Char YES NO 😓 Rison 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Lost Lost Fred Price Sarah Mandue Address Doncaster Ma. 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO Yes, no, or unknown) George Price-Brother 219-16-0942 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) ______Coronary Occlusion DETWEEN ONSET AND DEATH Immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) indefinit e (b) Arterio-sclerosis General rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Indefinite Aging Process PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the prior to t has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES 🔲 NG_M O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M shauld be detached 21d. INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No County Stote City or Town 22a i certify that (I) (this hospital) attended the deceosed fram 6-1-67, 19, to 5-1-68, 19, that (I) (wg) lost saw the deceased alive a 5-1-68, 19, ond that in (my) (gup) opinion death occurred on the date and hour and from the be retained couses stoted obove, (1) (we) (did) (did such xiew the body ofter deoth. 226 SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR 5-3-68 director, page 3 shauld be filed v 22e. ADDRESS Indian Head Ma HYSICIAN S James E. Andrews MD NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION 23b. DATE REMOVAL (Spenty) 5/6/1968 Alexandria Chapel Cemetery Chicamuxen 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 Arehart Funeral Home . Inc .- La Plata . Md . DATE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL PECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	96973	DIVISION OF	C	ERTIFICATE OF D	EATH	VILE, MARIEMENTE A	1201	06978)
		rst	Middle	Lost		Zo. DATE OF DEATH	Devi		26. HOUR
<u> </u>		=Vd (gertrude	Costa	2	May	24		7300 M
3 SE	Frudle	4 RACE	15900	S DATE OF BIRT		6. ARE (In) lost b that	0011		NDER 24 HRS. JRS MIN.
COUL	BIRTHPLACE (State or foreign abry)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED MEVER MARRI WIDOWED DO DIVORC	IEU []	COUNTY OF DEATH	- 60		Md.
10 (ITY OR TOWN OF DEATH IT OUS COLES	A 0 0000	AME OF HOSPITAL OR INS street oddress)	ITUTION (If not in hospitor		occupation (Kind of wo of working I fe, even fi		2b. KIND OF BUSII INDUSTRY	NESS OR
	USJAL RESIDENCE (Where decision) STATE 974 mylan	teosed lived, if institu 13b COUNTY	Chartes		YES NO		MBER		
14	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAI		the of	Widdle	L to	ost
_	Isaac		POSEY		dry	I.	020	nd en si	7
	WAS DECEASED EVER IN U.S. (es, no, or unkpown) (I' yes g	ARMED FORCES? live war or dates of service;	16b SOCIAL SECURITOR	O 17. INFORMANT Mary P. G	ssles (d	dysties I	ddress ComScale	s. 07d	·
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMM Conditions, if ony, which go	USED BY. EDIATE CAUSE (o) DUE TO, OR	COCONAL AS A CONSEQUENCE OF S	y Occhusin				BETWEEN ONSET A	-
	rise to immediate cause (i stating the underlying cau lost.	o). ((b)	AS A CONSEQUENCE OF	sue de art	0116146				J.
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	JTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PART 1(0))		
ET FICAT ON	190, DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PER	FORMED 200. AUTOP	SY?	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONSI	DERED IN CERTIF	YING
MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex-	CEATH HOUR A.M.		21c HOW INJURY OCCU	IRRED (Enter no	oture of injury in Port 1 o	r Port 2, Item	18)	
			(AT NOME, FARM, STREET, FAC OFFICE BUILDING, ETC	ORY.) 21f LOCATION Street	or R.F.D No.	City or Town	(ounty	Stote
	22a. I certify that (I)	d alive an5	ended the decease (did not) view the l	ond that in (my	, 19 <i>6</i>) (aur) apini	an death accurred a		that (I) and have and	
	22b. SIGNATURE	nt Ab	les as the	DEGREE PHYS	G MED DIRE	CTOR STAFF PHYS.	22c. DATE	SIGNED 14/68	
	22d. PHYSICIAN'S NAME (Type)	rdut A.	Susan 87.2	22e. ADDR R. 7. /		o, Indian o	Heal. of	d. 206	40
230.	BURIAL, CREMATION, 2	36 DATE	23c. NAME OF	EMETERY OR CREMATORY	MI I	23d. LOCATION (City or To	own)	County) (S	tote)

30M REV 1/68

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIMECTON: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers—Pageold be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs.

SMT. Hope 719 Kennedy

250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAY 29 1968 Charles



. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	***
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Y	reor 2b HOLE
E TIPE	3 S	SEX 4. RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR FUNDER 24 HPS 2c DATE PRONOUNCED DEAD	19 680 AN
No.	-	Male white 4-06-07 261 785	9 N
I, 2, 1. 2, Depar		BIRTHPLACE (Stote or foreign 75 CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 18 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 18 MARRIED NEVER MARRIED 19 COUNTY OF DEATH 18 MARRIED NEVER MARRIED 19 COUNTY OF DEATH 18 MARRIED 18 MARR	Co. M
death, we Pages y with far the Stote	10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 120 USUAL OCCUPATION (Kind of work done 12b KIND O	OF BUSINESS OR
after deat 3. Give Pac atong with with the Str wath	L	HUGHES VILLE give street oddress) during most of working life, even if retired INDUSTRY Farmer	retired
s after death. 18. Give Pages 1 is along with farm? 2 with the State D death	13o o	OSUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LAM 157 13e STREET AND NUMBER Odmiss on) STATE D. C. 13b COUNTY Washington YES X NO 3206 Curtis Dr. S.	E. 2003
hour Item Office after	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
thin 24 nucil in niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECUR TY NO 17. INFORMANT (friend) ADDRESWash. D. (friend)	15/
I within n pencil Examine:	0		C. 20031
nould be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial transit permit. Fle pages any event within 72 haurs		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) grd (t)) PART I DEATH WAS CAUSED BY	OX MATE INTERVAL IN ONSET AND DEATH
be executed "pending" in inef Medical E insit permit. F event within		IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	2-65
ld be exically be the control of the		Conditions, if only, which gove	
ward ward the Ch		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(o)	
freate ing the ded to as a b		14 4 0	
writ writ rwat rwat rwat	CERTIFICATION		uTOPSY?
te de de X	RTIF1(Y	ES NO
_ ~ _		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port 2, Ifem 18)	
3 3 4 5 5	MEDICAL	CAUSE OF DEATH P.M. 19 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County	Stote
		WHILE NOT WHILE of foctory, office building, etc.)	
CAL E executor Page of far CTOR: burnal,			in my apinian
please e I director retained DIRECT ar ta bu		death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
		ACTUAL SIGNATURE CHEF MEDICAL EXAMINER 226. DATE SIGNED	
o DEPUTY necessary, p the funeral 5 may be r 5 FUNERAL Health prid		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAM	68
		NAME (Type)	
0 = + v p =	230	o Burial (REMATION), 23b Date 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (Gry or Town) (County) REMOVAL (Specify) May 4-68 Cedar Hill Cemetery Suitland, Marylan	(Stote) 건
JDS.	24.	FUNETAL DIRECTOR ADDRESS 250 RECO BY REG STRAR 250 REG STRARS SIGNATURE	1
VR A15ME (5) 10M REV 1/68	13	FOS. 1.61-Good Hop. Ed. JE. DC DATE MAY 6 1968 Charles	mage

r3€, 1 79

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME DIANE Middle 20 DATE OF DEATH 26 HOUR (Type or print) KATHLEEN IEDRICH 4. RACE 5. DATE OF BIRTH 3 SEX 6 AGE (In years last, birthday) Jan. 26,1944 White Female 7b. CITIZEN OF WHAT COUNTRY? 7o. B-RTHPLACE (State or fateign-B. MARRIED [74] NEVER MARRIED [7] 9 COUNTY OF DEATH Charles Maryland U.S.A. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Road, Potomadung Hgy sorking Secretary Indian Head 130 USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c CTY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER Maryland COUNTY Charles Indian Head Glymont NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost Whetstone Harold Viola Perrin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 37 INFORMANT Address Yes no, or unknown) [If yes give wor or dates of service] 214-42-3900 Mr. Harold Perrin -Father- Indian 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Conditions, if ony, which gave) rise to immediate couse (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a. AUTOPSY? HERECERCINGNE Of Col 1-18-68, CAUSES OF DEATH? YES 🗍 NO E 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Gty or Town County Stote While Not while ot work

burial, cremation, or removol, signed by the burnal-tronsit p hos been O FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTEND Page 4 moy be retained director, page 3 should should be filed with the VR A 5 (4) 30M REV 1/68

requires that the death certificate be executed within 24 hop

pud

22d. PHYSICIAN'S NAME (Type)

ATTENDING PHYS

22e. ADDRESS

22c. DATE SIGNED

230. BURIAL, CREMATION, BENGYAL (Specify)

22b. SIGNATUR

5/4/1968

23c NAME OF CEMETERY OR CREMATORY Trinity Memorial

Gardens

DIRECTOR

23d LOCATION (City or Town) (Lens Waldorf,

24 FUNERAL DIRECTOR

ADDRESS Archart Funeral Home, Inc .- La Plata, Md DATE

REGISTRAR S SIGNATURE



DEGREE

23c NAME OF CEMETERY OR CREMATORY

St. Marys **ADDRESS**

PHYS

22e ADDRESS

23d LOCAT ON (City or Town)

250 REC'D BY REGISTRAR

DATE

MAY

Bryantown Charles Md.

(County)

VR A15 (4)

30M REV 1768

22d. PHYSICIAN'S

230 BURIAL CREMATION REMOVAL (Specify)

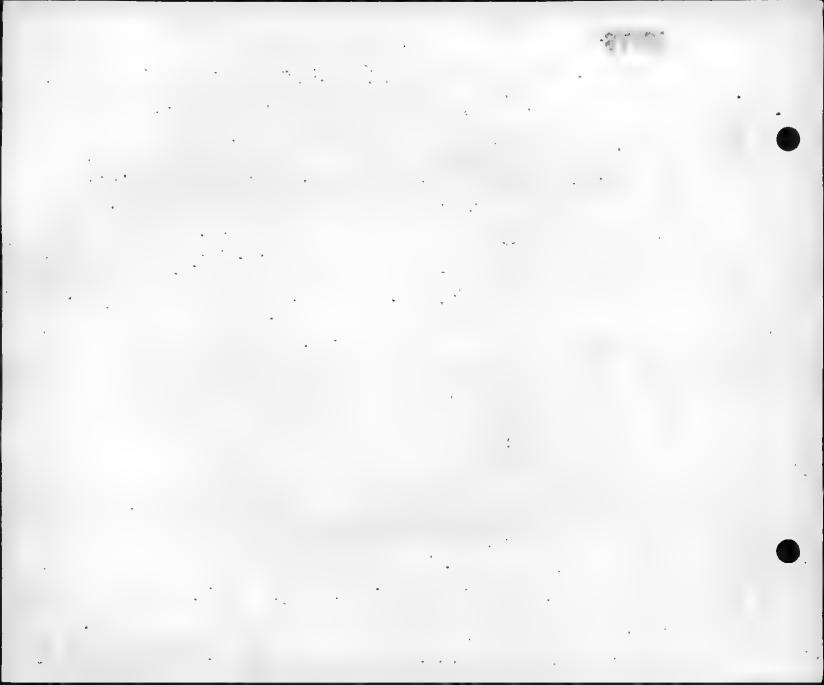
24 FUNERAL DIRECTOR

NAME (Type)

23b DATE

1968

Huntt Funeral Home Waldorf, Md. 20601

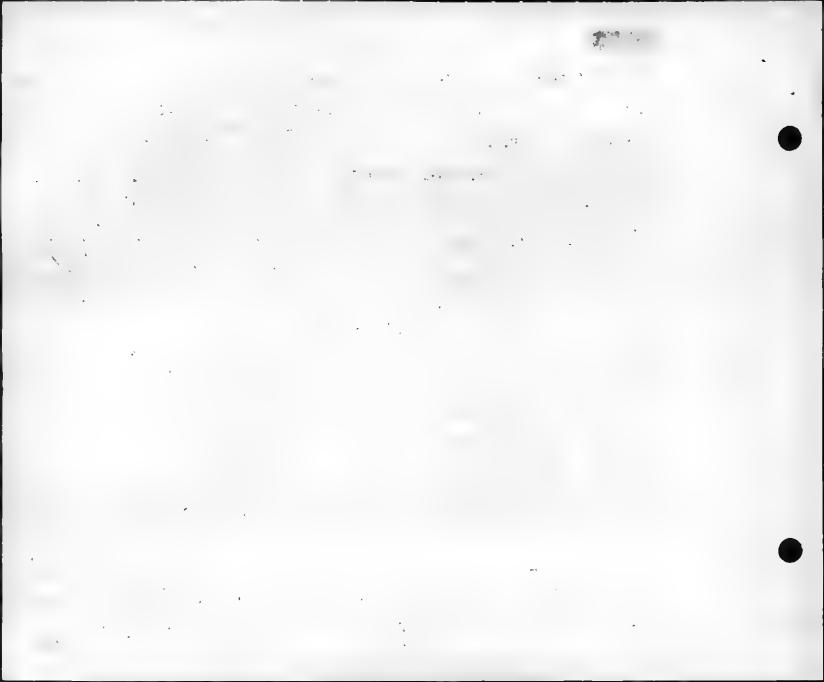


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

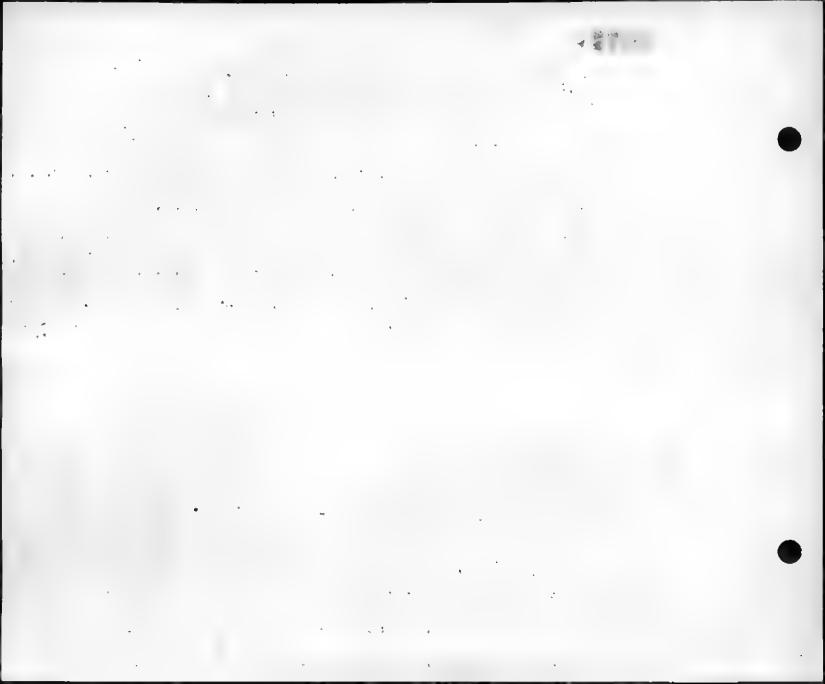
Corresponding Correspondin	V3373	
### ABLE S. DATE OF BIRTH E. AGE (In year) Winder view Winder vi		T
Male South South	(14be or burn)	
Male Mile White 10-17-1899 COUNTY OF DEATH COUNTY S MARRIED NEVER MARRIED S COUNTY OF DEATH WIDOWED DIVORCED Charles County Charles Charles County Charles Charles County Charles Charles Charles County Charles Charl	3. SEX	3.
Maryland U.S.	Male	
10 CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (I mot mosphol donns on the property of the systems of the property of the prop	70 BIRTHPLACE (State	7
La Plata Physicians Memorial	Maryla	
Table Tabl		10
160 WAS DECEASED EYER IN US ARMED FORES? 180 WAS DECEASED EYER IN US ARMED FORES? 181 CAUSE OF DEATH (Finer only one couse per line for (a) (b), and (c)) 182 PART I. DEATH WAS CAUSED BY 183 DEATH (Finer only one couse per line for (a) (b), and (c)) 184 DEATH (Finer only one couse per line for (a) (b), and (c)) 185 DEATH (Finer only one couse per line for (a) (b), and (c)) 186 DEATH (Finer only one couse per line for (a) (b), and (c)) 187 DEATH (Finer only one couse per line for (a) (b), and (c)) 188 DEATH (Finer only one couse per line for (a) (b), and (c)) 189 DEATH (Finer only one couse per line for (a) (b), and (c)) 180 DEETO, OR AS A CONSEQUENCE OF 180 DEET	130 USUAL RESIDENCE adm ssion) STATE M]; g
To WAS DECEASED EVER IN U.S. ARMED FORES? 186 SOCIAL SECURITY NO 17 INFORMANT WES, no, or unkyddwyd 187. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Inse to immediate cause (a), storing the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF PART 2, OTHER SIGNIFICABT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NALL DISEASE OR CONDITION GIVEN IN PART 1(a)) 190 DAILE OF OPERATION 190 CONTRIBUTING 210 ACCIDENT WAS UNDERLY'NG 210 INJURY OCCURRED WHILE JOHN MAD AND JOHN FARM, SIREET FACTORY) 211 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG 212 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG 213 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG 214 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG 215 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG 216 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG 217 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? 218 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? 219 A TOWN OF TOWN COUNTY STORY WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? 210 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? 210 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? 210 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? 210 INJURY OCCURRED WHILE JOHN WAS UNDERLY'NG AUSES OF DEATH? AUSE	14 FATHER'S NAME	1
IB. CAUSE OF DEATH (Enter on y one couse per line for (a) (b), and (c)		1
BETWEEN OWER AND DEA PART 1. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Inse to immediate cause (a), Stroing the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICABL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICABL CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONTRIBUTING 210 ACCIDENT WAS UNDERLYING 190 RECONTRIBUTING COURSE OF BATH? 191 INJURY OCCURRED 192 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 I CERTIFY that (1) (this haspital) aftended the deceased from 19 Q and that (in (my) (aur) apinian death accurred an fine date and haur and from Causes stated above (1) (vice) (did) (dip nat) view the body after death. 224 PRYSICIAN'S NAME (Type) 236 BUR AL (REMATICAL) 236 BUR AL (REMATICAL) 236 BUR AL (REMATICAL) 237 BUR AL (REMATICAL) 238 BUR AL (REMATICAL) 239 BUR AL (REMATICAL) 230 BUR AL (REMATICAL) 230 BUR AL (REMATICAL) 230 BUR AL (REMATICAL) 230 BUR AL (REMATICAL) 231 BUR AL (REMATICAL) 232 BATE (Capity) (Copinly) (Stote)	10	L
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Inse to immediate cause (a), straing the underlying couse lost 3 / (c) PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART I (a) 190 DATE OF OPERATION 190 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART I (a) 21a ACCIDENT WAS UNDERLYING 19b CONTRIBUTING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 19b CONTRIBUTING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herm 18.) 19a Tall INJURY OCCURRED While Not while adward of wark 21a INJURY OCCURRED While Not while adward of wark 21a INJURY OCCURRED While Not while adward of wark 21a INJURY OCCURRED While Not while adward of wark 21b PLACE OF INJURY (At MONE FARM, SIREET FACTORY.) 21c LOCATION Street or R.F.D. Na (inty or Town Country Statement of Wark) 22c I certify that (I) (this haspital) attended the deceased from 19 c and that in (my) (aur) apinian death accurred an the date and haur and from Causes stated above (I) (we) (did) (dia nat) view the body after death. 22d PHYSICIAN'S NAME (Type) 22c ADDRESS NAME (Type) 23b DATE 22c ADDRESS ATTENDING DEGREE PHYS. 23c OCAJION (City or Town) (Country) (Stote)	18. CAUSE OF DI	
Conditions, if ony, which gave nest to immediate cause (a). PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a). 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 19b CONDITION BOY WAS PERFORMED 10 CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 19b CONDITION BOY PORT 1 or PORT 2, Hem 18.) 17a INJURY OCCURRED 10 PLACE OF INJURY AT MOME FARM, SIRRET FACTORY. 21f. LOCATION Street or R.F.D. Na City or Town Country Stated above 11 (we) (did) (did not) view the body after death. 22a Terrify that (i) (this haspital) attended the deceased from 19 cand that (in (my) (aur) apinian death accurred on the date and haur and from Causes stated above (i) (we) (did) (did not) view the body after death. 22a PHYSICIAN'S NAME (Type) 22b DATE 22b DATE 22c ADDRESS NAME (Type) (Copinly) (Stote) (Stote) (Copinly) (C	11211	
Stating the underlying couse lost 3/ (c) There significant conditions contributing to death but not related to the terminal disease or condition given in Part 1(g) PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY HOUR A.M Month Day Year HOUR A.M Month Day Year PHOUR A.M MONTH DAY YEAR A.M	Conditions if any	
PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19c DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 19c DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21d ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 11d either, notify medical examiner) P.M. Month Day Year 19 P.M. 19 P.M	rise to immedio	۱
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? YES NO CAUSES OF DEATH. HOUR AM MONTH IN THE TAIL I		ı
Causes of Death HOUR A.M. Manth Day Year 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, STREET FACTORY.) 21f, LOCATION Street or R.F.D. Na	1 1	ı
Cause of Death HOUR A.M. Manth Day Year 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, SIREET FACTORY.) 21f, LOCATION Street or R.F.D. Na	19c DAT! OF OPER	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mainh Day Year 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, STREET FACTORY, of MILE 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, STREET FACTORY, of MILE 22d Indian 22d	를	
Treitiner, native medical examiners P.M. 21a INJURY OCCURRED 21e PLACE OF INJURY (At Mome FARM, SIREET FACTORY.) 21f. LOCATION Street or R.F.D. Na City or Town County State County C		
21d. INJURY OCCURRED While Not while of wark 22a certify that (I) (this haspital) attended the deceased from 19 and that in (my) (aur) apinian death accurred an the date and haur and from causes stated abave (I) (vie) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. 22c. DATE SIGNED DEGREE PHYS. 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED DEGREE PHYS. 22d. PRYSICIAN'S NAME (Type) 23d. DATE 23c. NAME OF CEMBERY OR CREMATORY 23d. DATE 23d. DATE (County) (Stote)	OR CONTRIBUTING	
22a certify that (I) (this haspital) attended the deceased from	₹ 21a INJURY OCC While Not w	
sgw the deceased alive an	22a L certify	ı
22d. PHYSICIAN'S NAME (Type) PETURO M. MED DIRECTOR STAFF DIRECTOR PHYS. 22d. DATE SIGNED 22d. DATE STAFF 22d. DATE SIGNED 23d. DATE 23c. NAME OF CEMESTERY OR/CREMATORY 23d. DCAJION (City or Town) (County) (Stole)	saw the	
NAME (Type) ARTURA M. MEIRO LA PLA M. X. 230 BUR AL CREMATION (City or Town) (County) (Stote)	22V. SIGNATURE	
230 BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY , 23d LOCATION (City or Town) (County) (Stote)	22d. PHYSICIAN'S NAME (Type)	
BREMOVALISMAN 5-28-68 St. PAUK WALGORF CRARLES MU		2
24 PUNERAL DIRECTOR 250 RECISIRAR 19 286 REGISTRAR 5 SIGNATURE QUILLES	24 PUNERAL DIRECTOR	7

ID MOSPITAL OR ATTINDING FINYSICIAN: The law requires that the dentil certificate be executed within 24 hours ofter duath

Imge 4 may lie retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DECEASED-NAME Middle 2a DATE OF DEATH requires that the death certificate be executed within 24 hours after death. (Type or pant) May Month 6. AGE (In years June 27,1985 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH worth arvland physician and completely filled in U.S.A. WIDOWED | DIVORCED 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Memorial Hospieral wormshidenterick Retustry p La Plata 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY R.F.S. Box 187 Charles Faulkner NO X YES 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Vermillion Frank Hardy Martha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO. 17 INFORMANT Address Faulkner, Md. (If yes give war or dates of service) Yes, ne, or unknown) None Ovid Hardy - Son- R.F.D. Box 187 Page 4 may be retained by the nospirul or success and the attending phy recognition of FUNERAL DIRECTOR: After this certificate has been signed by the attending phy recognition of Fundamental page 1. Then the burial transit permit. 1B. CAUSE OF DEATH (Enter only one couse per fine far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) rise ta immediate cause (o). stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🖂 YES P 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased fram 19 6. ta 5 5 19 65, that (1) (we) last saw the deceased alive an 5 19 6, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Johnson , M.D. La Plata , Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23b DATE 230 BUR AL, CREMATION, (County) REMOTAL (Spacify) 5/8/1968 Ft. Lincoln Cemetery Bladensburg, Maryland 2SOL REC'D BY REGISTRAR
DATE MAY 9 ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) Arehart 30M REV. 1/68 Funeral Home, Inc. - La Plata, Md, DATE



DECEASED-NAME

(Type or print)

70. BIRTHPLACE (State of

Maryland
10 CITY OR TOWN OF DE

La Plata
130 USLAL RESIDENCE (V

STATE

3 SEX.

country)

odmission)

14 FATHER'S NAME

16a WAS DECEASED EVER Yes, no, or unknown)

VR A

30M REV 1/68

DIVISION	MARYLAN I OF VITAL RECORDS,	D STATE DEPARTM		***	
19	·	ERTIFICATE OF		of manifesta and	35
First ORDELLA	Middle	HIIXD	LT 20	DATE OF DEATH Month 29 Do	26 HOU 4:20
4. RACE	Cauc	5 DATE OF BII	Dec 188	AGE (n years last butshday)	HUNDER YEAR IF UNDER 24 H
	OF WHAT COUNTRY?	8 MARRIED NEVER MAR WIDOWED DIVOR	KILU	CHARLES	
ATH	II NAME OF HOSPITAL OR INS grye street address) Physicians	Memorial		UPATION (Kind of work dane watking life, even if retired)	
there deceased fived, if it vland 13b (00	nstitution Residence before NTY Charles	Welcome	3d INSIDE C TY LIMITS? YES NO V	I3e STREET AND NUMBER	
Farst Mic	idie lost Milst	ead 15. MOTHER'S MA	apy first	BCN IF	[ast
IN U.S. ARMED FORCES? (If yes give war or dotes of serv	16b. SOCIAL SECURITY M 213-38-2	17. INFORMANT 2760 Raymor	M' nd Hindl	PORT Address e Port Toba	
TH (Enter only one couse WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO	, OR AS A CONSEQUENCE OF	0			

1	PART I. DEATH WAS CAUSED B IMMEDIATE	Y: CAUSE (o) CIA			Colum
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Chatirus selections of (c) Frank functions		rasalon Orsian	10 gias
		IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)	DEPED IN CEPTIFYING

CAUSES OF DEATH? YES 📑 NO 🗸 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED While Not while at work (AT HOME FARM, STREET, FACTORY.) 21F. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY County City or Town

22a. I certify that (!) (this haspital) attended the deceased from _______, 19_____, 10______, 19(1) ______, that (!) (we) ast saw the deceased alive on ________, 19(1) ______, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above, (!) (we) (did) (did nat) view the body after death.

State

226 SIGNATURE

ALD

DEGREE PHYS

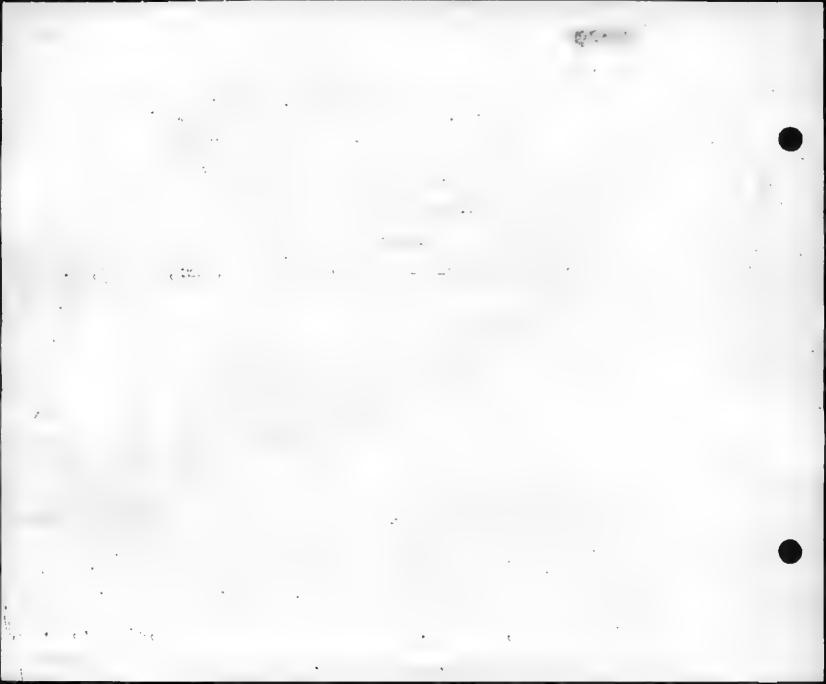
DIRECTOR DIRECT

230 BURIAL (REMAT ON, REMOVAL (Specify)

BUT 1 3 1 1968 St. Ignatius

ADDRESS 250. RECD BY REGISTRAR 250 REGISTRARS SIGNATURE

Archart Funeral Home Inc. La Plata Md. DATE JUN 4 1968 Icharles J.

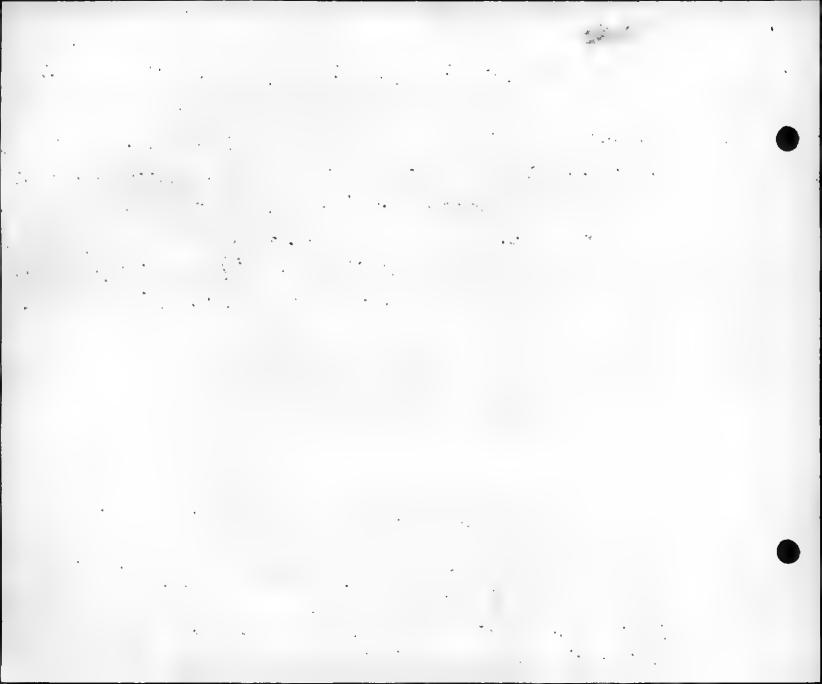


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFI	CATE OF DEATH		10280
death.	(ECEASED NAME First (YPB or print) Floher	VCE FRANCES	Jahnson	20. DATE OF DEATH Month 4 Day	1968 10:45
by the full Pages T	3. \$	Jemale	white	AUG 5 - 1	\$ 79 S. AGE (in years last brakeray) YRS.	FUNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
iin 24 haurs filled an by the papers. Pag thin 72 hoths	Ϋ́	170-USA	USA WIDOWED	DIVORCED _	Charles	M
within 24 sly filled son pape within	10	TITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (IF give street oddress)		OCCUPATION (Kind of work dane of working life, even if retired)	125. KIND OF BUSINESS OR INDUSTRY
amplete	13o adm	USUAL RESIDENCE (Where deceased live ission) STATE 13	d, if institution Residence before 13c CITY O	R TOWN 138 INSIDE CITY LIMITS PATA YES NO []	/	
be exect and control c	14	FATHER'S NAME FIRST	Middle Lost NURPHY	15 MOTHERS MAIDEN NAME First	10t	Dodo
hysician n please val, and		WAS DECEASED EVER IN U.S. ARMED FO	and the second second second	Mongaret	Murphy. Address	11 274 6175
equires that the death certificate be executed within 24 haurs physician. signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carbon papers. Purial, crematian, ar remayal, and in any event, within 72 hads		1B. CAUSE OF DEATH (Enter only one PARY I DEATH WAS CAUSED BY. IMMEDIATE CAI	cause per line for (o), (b), and (c).) SE (a)	BRAL H	LEMORRITAG.	APPROXIMATE INTERVAL BETWEEN OMSET AND OFATH 24 Aus
that the death an. by the attendi ransit permit. crematian, ar r		ر من المراقعة المراق	UE TO, OR AS A CONSEQUENCE OF			,
es that the sician. ad by the altransit		rise to immediate couse (a), stating the underlying cause last.	UE TO, OR AS A CONSEQUENCE OF			
requires ng physici sn signed ne burial-	_	PART 2. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART I(o)	
AN: The law rall or attending cate has been for use as the Health priar to	CERTIFICAT ON	19a. DATE OF OPERATION 19b. CONDI	ION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
SICIAN: The spital or atte entificate has ed far use a ed far use to the entificate has ed far use to the entificate has entified to the entificate has entified the entified the entified to the entified the entified to the	MEDICAL CE		216 TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	10W INJURY OCCURRED (Enter no	oture of injury in Part 1 ar Part 2,	Item 18.)
he hospital of the sertifical of the sertifical detached far a Dept. of He.	WE	21d. NJURY OCCURRED 21s. PLACE While At work of work	OFFICE BUILDING, ETC.	LOCATION Street or R.F.D. No	City or Town	Caunty State
ENDING ned by t R: After uld be o		220. I certify that (I) (this had sow the deceased alive courses stated above (I)	pital) attended the deceased from	nd that in (my) (our) opinic	, to, 19 on death occurred on the do	thot (I) (we) for the ond hour and from th
OR ATTER be retaine DIRECTOR: 3e 3 should led with th		226 SIGNATURE	1. 12	GREE PHYS. DIREC	STAFF 22c.	DATE SIGNED 4-68
SPITAL 4 may IERAL or, pag d be fi	2	22d PHYSICIAN'S NAME (Type)	-M - JOHNSON A	(LD) 22e ADDRESS L	A PLATA,	md.
Page 4 Funei	230	BURIAL, CREMATION, 23b. DATE ROMOYAL (Specify) / M. A.	8 1968 CO GENETERY O	R GREMATORY	L-VON Jides	(County) (State)

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



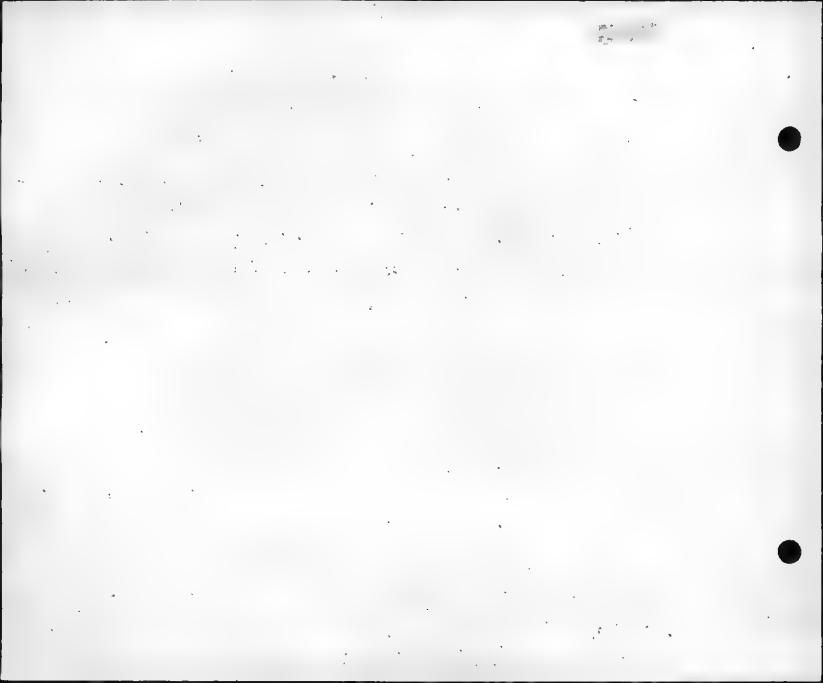
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	IFICATE	OF DEATH

	CERTIFICATE OF DEATH							
	CEASED-NAME First Middle Lost 20. DATE OF DEATH 20. HOUR MONTH / S Day M							
V	7707							
3.\\${.	4. RACE 5. DATE OF BIRTH 6. AGF (In years last birthday) 6. AGF (In years last birthday) 7. MONITED DAYS							
70. E	" ALA							
	Mo							
10 C	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 12. SCAL OCCUPATION (Kind of work done give street address) A PLATA 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 12. SCAL OCCUPATION (Kind of work done give street address) A PLATA 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 14. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 15. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 16. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 17. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 18. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 18. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 18. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 18. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital A PLATA 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 19. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 19. NAM							
	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CTY OR JOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 3.72							
14 F	ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST Middle Lost OF OHN EDWARD WEICH IS. MOTHER'S MAIDEN NAME FIRST OF ONE OF THE STATE O							
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 TRFORMANT Address BOX 372- es, boy r Lyckgown) (If yes gylefylacer dates of service) 2 13-2 4-3696 AOSEPH N. MORELAND LA PIATA-MD							
	APPROXIMATE INTERVAL BETWEEN ORSE AND DEATH APPROXIMATE INTERVAL BETWEEN ORSE AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave Inse to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF							
	last. (t)							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
NO	Fractured rils;							
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
9	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter gature of injury in Part 1 or Port 2, Item 18.)							
EDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 3 mm la 3 1968 Fill at Nome.							
N.	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME-PARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 1 2 2 City or Town County Stote of work of work. Woodcrest apt. We have La Plate. Char. Wid.							
	22a. I certify that (I) (this haspital) attended the deceased from 3 Man, 1968, to 15 Man, 1968, that (I) (we) last saw the deceased alive on 7 Man, 1968, and that in (my) (ow) apinion death occurred at the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
	22b. SIGNATURE ATTENDING MED. STAFF 18 May 6 }							
	NAME (Type) ARTHUR O. WOODDY; PARWOOD CEINIC, LAPLATA, MD.							
23 a	BUR AL, CREMATION, 236, DATE 236/NAME OF CREMETERY OR CREMATURY (23d) LOCATION (City or Town) (County) (Stora) DEMOVAL (Sports) 5-20-68 Dt. Feter 5 UA/OCRE CARE MD.							
24	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 3 S GNATURE							

ogeral ogd 2 r death. O NOSHITME OF ATTEMBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

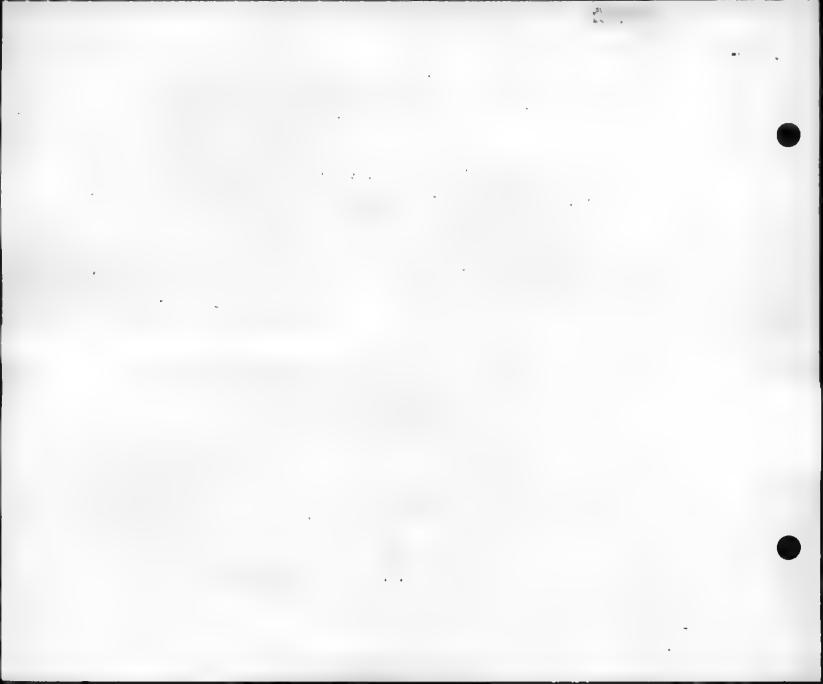
Page 4 may be retained by the haspital ar attending physician. filed in by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in bidirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban/papers of shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hai



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME 20 DATE KNOWN (Type or Print) 0F ESTI-Poge -0 DEATH MATED LOUIS NICHOLAS S DATE OF BIRTH 6. AGE (n years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD puo White 7a B RTHPLACE (State or foreign MARRIED MINEYER MARRIED 9 COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? country) Vir inia WIDOWED [DIVORCED [Charles 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired) give street address) hamrock Dist. Physicians Memorial Hosp LaPlata 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13b COUNTY # l and 2 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Va. Virginia Harris Mic olas Viero hours poges 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. penci Phyllis Anthony Niaro - 5 1 e File 72 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH pending" PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? NO [21b. TIME OF NJURY Month, Day, Year 21a. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INTURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R F D No City of Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy 🔯 Inspection . Inquiry [and in my apinian death resultand from Natural causes XXII Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE DEPLTY MEDICAL EXAMINER May 24. **EXAMINER'S** NAME /Type ADDRESS(Street, city town, ar county) . Wilson, M.D. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) Glendale National Counter REMOVAL (Specify) 25b REGISTRAR'S S GNATURE john C. iller Inc. - 515 Belair Boad-21206 VR A15ME (5)

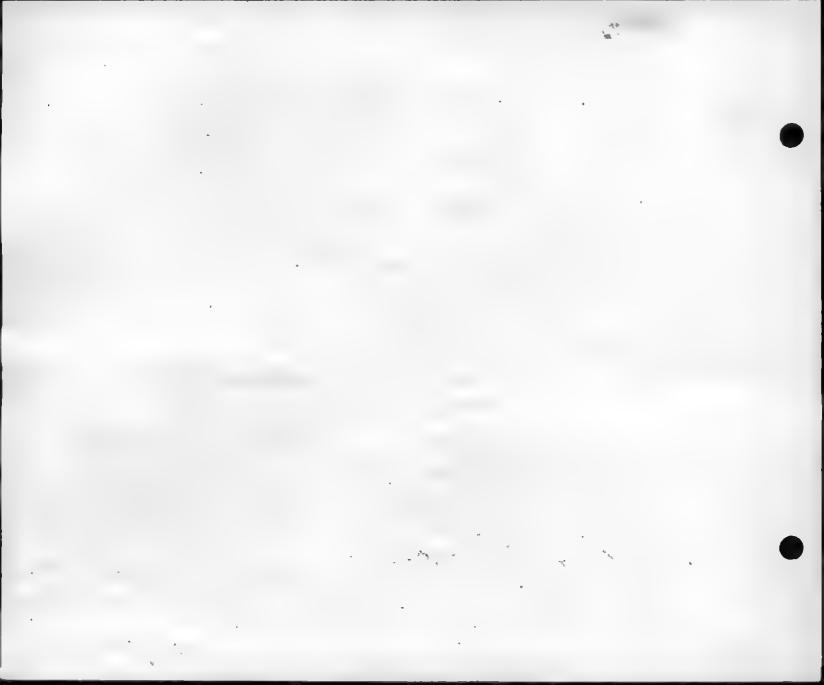


2 1	1	4658	DIVISIO	N OF VITAL			DEPARTMENT STREET		HEALTH IMORE, MARY	LAND 21201						
FOR STATE	I	tem2a,Fi	1m#GLO	1 6/MED	CAL FXA				OF DEATH				7. 7.			
MEALTH DEPT		ECEASED-NAME	Fr			ddle		Last.	0. 00	2a. DATE KNO	OWNX Month	Day	Yeor	2b HOJR		
delay is and 3 to 3. Page frment of		Type or Print)	OLE		AF	ELL		OLSO	N	OF ES DEATH MA	TI	2	19 68			
d 3 d 3 ent	3 5	£X	4. RACE	5 DATE OF E	BIRTH	6. AGE (In		ER I YEAR DAYS	IF UNDER 24 HRS HOURS MIN		NOUNCED DEAD	12		2d HOUR		
P 5 8 7 E		Male	White	1-9-	-1899	69	YRS			Month May	22.	T e	1968	9:45		
	70 coli	BIRTHPLACE (State atry) Swede	ar foreign N	76 CITIZEN OF Y	WHAT COUNTRY? U S A	8	MARRIED		RIED 9. COL	INTY OF DEATH	ARLES			PM M		
hours after death ltem 18 Give Pages Office along with a land 2 with the State offer death.	L	CITY OR TOWN OF a Plata USUAL RES DENC		giv Ph	e street oddress) IVSICIAT	s Mem	orial H	ospit	during most o	CUPATION (Kind working hife, prietor	d of work dane even if retired)	INDUST	ND OF BUSIN RY Otel	NESS OR		
s a 18 18 18 dec	130	idmissian) STATE	Md.	13b COUNTY			ughesvi		YES NO 🗆	ISC. SIKELI A	NO ROMOEK					
hours Item 11 Office I and 2	14. I	FATHER S NAME	First	Mide	dle	Lost		HERS MA O			Middle		Last			
	ļ.,-		af Olso						Olson							
i within 24 in pencil in Examiner's Eraminer's File pages 7.72 haurs		WAS DECEASED EVI Yes, ng, ar unknaw		a wint or dates of coore	166 SOCIALS		17. INFORM		٥٦	Y T T	ADDRESS	3.63	373			
d will in pe Exar File n 72	-	No	DEATH /		220-32-		IMrs :	ary 1	Ann Olso	n Hughe	sville.		APPROX MATE II	NTERVAL		
ld be executed rd "pending" in Chief Medical E transit permit. F		PART I DI	ATLUMBAC CALLS	nly ane cause per D BY:			and are	orios	clerotio	oordi.	00000010	_	ETWEEN ONSET A	UND DEATH		
exec ndin Med per per		112			OR AS A CONSEC		and all	GLIOS	cleroric	d	isease	1				
be d'ipe		Conditions, if a	ry, which gove													
s certificate shauld be e, writing the word "pe farwarded to the Chief used as a burial-transit emaval, and in any even		rise to immedi stoting the un- lost.	ate cause (a). derlying couse	, , ,	OR AS A CONSEC	UENCE OF										
ate s g the ed to s a bu		PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRIB	TING TO DEATH	BUT NOT RE	LATED TO THE TE	RMINAL DI	SEASE OR CONDITIO	ON GIVEN IN PA	RT I(a)		-			
certificate writing th inwarded t issed as a maval, and	27	W.									. ,					
te, writin farward farward e used a remaval,	CERTIFICATION	19a. DATE OF O	PERATION			ON FOR WHI	CH OPERATION					2	O. AUTOPSY?	?		
in the set of the line of the	E	n - (VIII)	THE WAS	Ton. Yield			los vous	11 IBV ACC	TUBBLE II				YES	NO 🗌		
# 7 4	MEDICAL C	2 a EXTERNAL C PRIMARY OR CAUSE OF DEATH	CONTRIBUTING	HOUR	P.M	19			CURRED (Enter natu	reotinury in	Part I ar Part 2,	1tem 18)				
医 年 4 月 9 点	38	21d NJURY OCC WHILE NO AT WORK A	T WHILE T	PLACE OF NURY actory, office build		ı, street,	21f. LOCATI	ON Street o	or R F D. No	City or To	ow1	(aun	ity	State		
ICAL EXA e execute for. Page ed for yar CTOR: Pag burial, cre		22a. l	ertify that !	taak charge of	f the remoins	described	abave, hela a	n Autar	osy X, In:	spect an 🔲	, Inquiry [], (and in my	opinior		
etained DIRECT		death res	ulted fram	Natural co	uses X,	Accident [, Suicide	e 🔲,	Homicide 🗌	, Undetern	n ned monner					
please e director retained DIRECT ar 1a bu		ACTUAL	(V.			r ———	2		F MED CAL EXAMIN	-						
		SIGNATURE	ol 1		· ~	PRI	h	TID	STANT MED CAL EXA		22h DAT					
o DEPUTY necessary, pl the funeral o s may be re o FUNERAL I Health priar		NAME (Type)	Charl	es S. S	oringate	≥, M.D	•		JTY MED CAL EXAM RESS(Street, city, to		May	43,	1968			
The	230	BURIAL CREMAT	ION, 23E	DATE	230	NAME OF CEA	METERY OR CREM			LOCATION (CIT	y ar Town)	(Caunty	y) (Sto	ate)		
		REMOVAL (Special Purile)	Ba	av 27	1969 Tr	inity	Memoria	l Gar	rdens 1	Maldorf	Charl	es M	ld			
ikil	24 H	FUNERAL DRECTO untt dur	eral Ho	ome Wald	lorf. Mc	ADDRESS 200	01		2Sa REC D BY RE		25b REGISTRAR S	SIGNATU	JRE			
VR A15ME A			***		, ,		- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		DATEMAY 2	8 1968	Milia	rea	Judge	د		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8. film G401 MEDICAGEXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 20 DATE KNOWN DECEASED NAME First M ddle Last (Type or Pnnt) 0F EST -3 to Corine DEATH MATED Pickeral 4 RACE 6 AGE (In years IF UNGER I YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD S DATE OF BIRTH last birthday) Female Negro 7-1-1919 15-126-68°ay Year Charles County 70 BIRTHPLACE (State or fore gri 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED countryWaldorf Md USA Give Pages 1 WIDOWED IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (f not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) Waldorf Md Housewife 130 USUAL RESIDENCE (Where deceased lived, I institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b. Charles Mary land pencel in Item 18. MA YES NO TO Waldorf and 2 14 FATHER'S NAME First IS MOTHER'S MAIDEN NAME Elizabeth McKee Willie Johnson pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS be executed within James H. Pickeral-Husband -Waldorf Md 216-16-4886 E G APPROX MATE INTERVAL thin CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Vascular Accident Rt. Side Immediate 3 DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave Hypertension Indefinite rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) remova 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO certificate. 21d EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTR BUTING **EXAMINER:** CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 211 LOCATION Street or R F D No. City or Town Caunty State factory, office building, etc.) WHITE NOT WHITE 220 | certify that I took charge of the remains described above, held on Autopsy ... Inspect on X Inquiry 🖾 and in my opinion Suicide [death resulted from. Notural causes & --- Accident Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAM NER FUNERAL 5-26-6 8 **TORKX** DEPUTY MED CAL EXAMINER 3 . Andrews James E NAME TYPE ADDRESS(Street, city, tawn, or county) 0 BURIA! CHEMATION 23b. DATE NAME OF CEMEJERY OR CREMAJORY 23d, LOCATION (City or Town) FUNERAL D RECTOR 2So REC D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

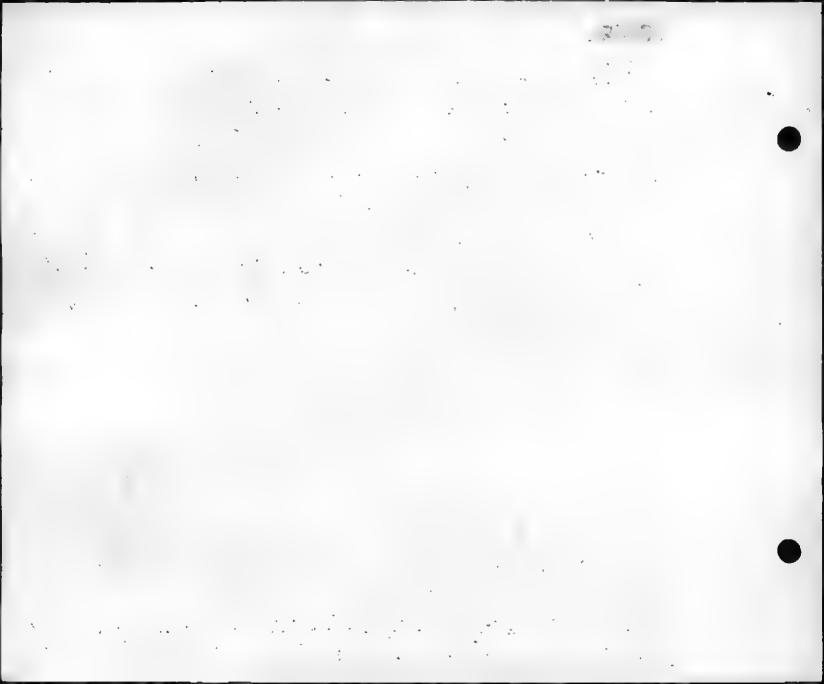


, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

ī	DECEASED NAME (Type or print)	M.ddle	4	DATE OF DEATH	2b. HOUR
-	Hammond .		vders /	way T	SUNDER YEAR IF UNDER 24 HRS
13	sex Male 4. RACE Whi-	te	DATE OF BIRTH 126, 19	6. AGE (in years last birthday) S & YRS.	MONTHS CAYS HOURS MIN.
79	BIRTAPLACE (State or foreign 7b. CITIZEN OF WHAT CO	OUNTRY? 8. MARR ED WIDOWED WIDOWED	NEVER MAPRIED 9 0	OUNTY, OF DEATH	Md
10	CTY OR TOWN OF DEATH 11 NAME O	F HOSPITAL OR INSTITUTION (If not orderss)	n hospitol 120 JSUAL OC during mosto	CUPATION (Kind of work dane f working life, even firetired)	126, KIND OF BUSINESS OR WOUSTRY
	Id. USUAL RESIDENCE (Where deceased trved, if institution. R	esidence befare 13c CITY OR T	OWN 13d. INSIDE CITY JIM TS?		1
	FATHER S NAME First Middle		30747.		4
14	Darrell	Saunders	MOTHER'S MAIDEN NAME FIRST	Middle	Hart
*	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes per unknown) (If yes give wat or dates of service)		ormant rs. Ethal Who	eatly Wald	orf, Md.
	18 CAUSE OF DEATH (Enter only one cause per time for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c))	in, Left Le	2 magy luma	BETWEEN ONSET AND DEATH 3 March
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)	
١.	11278			,,,,,	
T EUFATUDA	190. DATE OF OPERATION 196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJUING CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mac (If either, natify medical examiner)	RY 21c HOV onth Doy Year	V INJURY OCCURRED (Enter not	ure of injury in Part 1 or Port 2,	Item 18.)
346	21d. INJURY OCCURRED While Not while of wark of wark	ME FARM, STREET, FACTORY) 21f. LOC BUILDING, ETC.	ATION Street or R.F.D No	City or Town	County State
l	22a. I certify that (I) (this haspital) attende saw the deceased alive on couses stated abave, (I) (40) (did) (40)	19, and	that in (my) (our) opinionath.	_, to, 19 n death accurred an the do	, that (I) (we) last te ond hour ond from the
	226 SIGNATURE Amovald	. M2 DEGRE	ATTENDING MED DIRECT	STAFF C	May (1)
	22d PHTSICIAN'S ARTHUR O.U.	DODDY, MID	22e. ADDRESS LA-PLATA	5·M	/ -
Ĺ	30 BHR AL CREMATION, 23b, DATE REMOVAL Specify) () 3b JATE 1968	230 NAME OF CEMETERY OR C	REMATORY- 23 EVANOVIAL GENERALE 1. 1250. RECODENTE		(County) (Store) T. Chas. Md.
4	The Hunt Turcel	Home Wald	CIX KLEDATE	T 1968 1968	aren Jung

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 boors at VR A15 (4) 30M REV 1/68

Page 4 mmy be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH in by the funeral vers. Pages I and 2 72 hours ofter deoth. 1. DECEASED-NAME Middle First Lost 20 DATE OF DEATH Month 30 Day 19LRear The law requires that the death certificate be executed within 24 hours ofter deoth (Type or print) Walter Mau 3. SEX 4 RACE 6. AGE (In years IF UNDER J YEAR last birthapy) MONTHS nave To BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF BEATH 7b. CITIZEN Speers. DIVORCED WIDOWED I 1D. CHY OR TOWN OF DEATH AVAME OF HOSPITAL OR INSTITUTION (af not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR work no ife even if retired) INDUSTRY physicion and completely event 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS 13e STREET AND NUMBER 00 odmission) STATE 13b. COUNTY YES P remove 14 FATHER'S NAME Middle Middle First Lost 15. MOTHER S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEGURITY NO 17 INFORMANT Address Yes, no, or unknown) or removol, signed by the offending phy burial-tronsit permit. Then APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Fibratic Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b hos been TIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES V NO F O FUNERAL DIRECTOR: After this certificate by the hospitol or 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Port 2, Item 18.) ξÓ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M detoched 21d INJURY OCCURRED AT HOME FARM STREET, FACTORY, 21F LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from... 1030 May 3 may þ saw the deceased alive an 30 May _1962, and that in (my) (eur) opinion death occurred an the date and haur and fram the be retained should causes stated above, (1) (we) (did) (did net) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE eq PHYS. DIRECTOR r, poge be filed 22d. PHYSULAN'S 22e. ADDRESS Mason director, 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON, LOCATION (City or Town) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24, FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR AN

30M REY

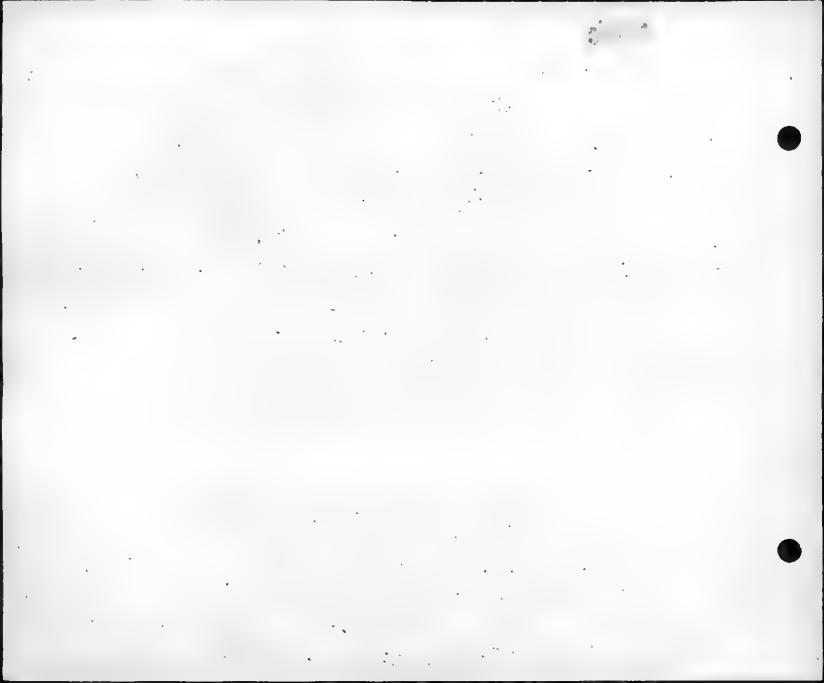
DATE JUN

1968

2b. HOUR

16 LINDER 24 HRS.

Stote



RECORT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00008		CERTIF	ICATE OF DEATH		06993
1. DECEASED-NAME (Type or print)	First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
///	adeline	E. /	hompson	Julian 12	OOY (YEAR 8 PN
FEMALE	4. RACE		5. DATE OF BIRTH	6. AGE (In years last birthgay)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (State or foreign country) Mary and	11 0.00	DUNTRY? B. MARRIE WIDOWE	D NEVER MARRIED DIVORCEO	9. COUNTY OF DEATH CHARLES	Md
10. CITY OR TOWN OF DEATH	11. NAME O give street	FHOSPITAL OR INSTITUTION (I	f nat in haspital 12a. USU during n	JAL OCCUPATION (Kind of wark do nost of warking life, even if retire	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where dodmission) STATE	eceased lived, if institution: R	esidence befare 13c. CITY (- 4	LIMITS? 13e. STREET AND NUMBER	
14. FATHER'S NAME First Unl	Middle COWN	Last	is, mother's maiden name Uni	First Middl KOWN	e tost
160. WAS OECEASED EVER IN U.S Yes, no, or unknown) (If ye	ARMED FORCES? s give war or dates of service) No	** -	informant Joseph Thom	Address pson Sr., Newb	ourg.Md.
PART 1. DEATH WAS (MEDIATE CAUSE (o)	eneral 32 consequence of after	e mitash	of the large be	APPROXIMATE INTERVAL BETWEEN ONSET AND OGATH 3 Man 75 Wel /GCCC
1525	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDE	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY? YES NO	CAUSES OF OFATHS	GS CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE (If either, natify medical a	DE OEATH HOUR A.M. MO	RY 21c.	HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Par	† 2, Item 1B.)
While Nat while at wark			LOCATION Street or R.F.O. N	,	Caunty State
sow the deceas) (this hospital) attende ed alive on bave, (I) (wa)(did) (did	1an 194 80	ind that in (my) (our) or	pinian death occurred on th	. 19 <u>66</u> , that (I) (wa) last e date and hour and from the
22b. SIGNATURE	words	5. MDoe	GREE PHYS.	MED. STAFF DIRECTOR PHYS.	13 May 1968
22d. PHYSICHAMS NAME (Type)	RTHUR O.	WOODDY		OCLINIC, LAK	RATA.MO ZOCK
230. BURIAL, CREMATION, BREMOTAL Specify)	23b. DATE May 15,1968		st		(County) (State) es, Maryland
24. FUNERAL DIRECTOR		ADDRESS		*** * E *OOO !!!	MANS SIGNATURE Quedge
Arehart Fur	ieral Home	inc. La Pla	ata . Md . DATE M	IAY 17 1968	10

Funeral Home Inc., La Plata, Md. DATE

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial-transit permit. Then please remave care shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

Page 4 may be retained by the hospital or attending physician.

and a the same of STANDARD CHARLES WEIGHT TO THE TOTAL Fig. 5 Here was a same a second start at the second great at the second of the second of the - all our one get against your The same of the sa STREETERS ALL IN 1914 - APERTOR & ROBERRY MICHIGANICAL STATES HER datum (Lot (ES) (T) (ES) and the second second AND THE WHITE LANGUAGE AND ADDRESS OF THE CASE OF THE

1		0000-	DIVISION OF		RYLAND STA					AMD 21	201				
FOR STATE		06383	DIVISION OF		AL EXAMIN					AND ZI	201		Ī	1699	7 4
HEALTH-DEPT.		ECEASED-NAME	First	INLDICA	Middle	LIC J CI	Lost	L OI D	-MIII	2o. DATE	KNOWN	Month	Day		2b. HOUR
× ELAS	1	Type or Print)	HOWARD		EUGENE		WOOD			OF	ESTI-	5	1	1968	
\$ 18 E	3. 5	X 4. R/	1 -0.5	DATE OF BIRT		GE (In years	MONTHS DAY		24 HRS.		PRONOUNCED		1/		2d. HOUR
ny de 1, 2, ony m PM, peportm			020200		1,1901	- YRS	5		101111		ay	Day I	Yeo	19 68	7:38
form te pep	cour	BIRTHPLACE (State or fatry) Maryla	and	U.S.A	T COUNTRY?		RRIED NEVER DWED D	MARRIED ()		NTY OF DI Charl					M
ve Pages y with for the State	10. 0											12b KINI INDUSTR	b KIND OF BUSINESS OR DUSTRY		
after B. Gie mlong with leath.		dmission) STATE	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER												
4 hours Iltem I S Office Office ofter d	14. F	ATHER'S NAME	First Oward	Middle E	Los		15. MOTHER'S	MAIDEN NAME		othy	Mide	dle	oot	Last	
within 24 pencil in Exominer's File pages		WAS DECEASED EVER IN	U.S. ARMED FORCES' (If yes give war ar da	?	16b. SOCIAL SECURITY None	NO.	7. INFORMANT Howar	d E.			ADDRESS	S		Plat	ta,M
		18. CAUSE OF DEAT	TH (Enter only one	cause per lin	e far (o), (b), and (c	:).)						-		PPROXIMATE IN	
shauld be executed to word "pending" in the Chief Madicol E. burial-tronsit permit. F in any event within	MEDICAL CERTIFICATION	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAU	ISE (a)	Interst	itial	pneumo	nia (S	DII)						
be executivending inef Madicular madicular madicular permonsit permonent with the control of the		Canditions, if ony, w		DUE TO, OR	AS A CONSEQUENCE (DF									
ould be vord "pure Chief		rise to immediate	couse (a).	(b)	AS A CONSEQUENCE	n F		-							
shauld e word o the Ch ourial-tra in any		stating the underly	ing couse	(c)		,									
		PART 2. OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITIO	N GIVEN IN	PART 1(a)				
		245 X											122		
		19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20	20. AUTOPSY? YES & NO			
This ficate be for the or re		21a, EXTERNAL CAUSE	WAS 2	1b. TIME OF II	NJURY Month, Day, Yo	ear [2	Tc. HOW INJURY	OCCURRED (F	nter notur	e of injury	in Port 1 or	Port 2 It	tem 18.)	YES 😾	NO [
T 70 =		PRIMARY OR CON		HOUR A.M	l					o ar mjory	, 0	7 011 2, 11			
the the 4 sh ur fil je 3 semot		2 Id. INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	D 21e. PLACE C foctory, o		t hame, farm, street	. 2	1f. LOCATION Stre	eet or R.F.D. No	0.	City	or Town		County	1	State
execute or. Page of for your role, critical, c		22o. I certi	fy that I took ch	arge of th	e remains descri	bed abov	e, held an Ai	utopsy X,	Ins	pectian	, Ing	uiry [7, ar	nd in my	apinian
		death resulte		-	Accide		Suicide 📗		de 🔲,	Undet	ermined n	nonner			
direct direct direct DIREC		ACTUAL X	Aum.	~ V	FILM	10		CHIEF MEDICAL	EXAMINE						
EPUTY ssary, ple funeral di oy be reth INERAL D		SIGNATURE	TAOON	6	4 101	1/8	151. D.	ASSISTANT MEI			X 2	22b. DATE		1. 19	60
D DEPUTY necessary, pleos the funeral direction of moy be retain of FUNERAL DIRI Health prior to		NAME (Type)	Edward	E 7.74 1	see M D			DEPUTY MEDIC ADDRESS(Stree			nty)	<u> </u>	May 1	1.7	00
TO DEPUT NECESSOR THE fune S moy b TO FUNER Health		BURIAL, CREMATION,	23b. DATE	C. W.J.	son M.D.	F CEMETERY	OR CREMATORY				(City or Tow	n)	(County)	(Sta	ite)
(150		Bringy Auspecify)	5/4,	/1968			h's C	emete			omfre	-		rylar	nd
VR A15ME (5)		FUNERAL DIRECTOR	7	T.T		RESS	040 361		D BY REG	ISTRAR	2Sb. REG		SIGNATUR		
10M REV. 1/68	1	lrehart	uneral	Home	,IncL	a Pl	ata,Md	DATE	MAY	9	1968	VCL	isul	as Ju	42

